

## UNITED STATES DISTRICT COURT

for the

## Middle District of Tennessee

**Craig Cunningham**

Plaintiff(s)

V.

Enagic et al

Defendant(s)

Civil Action No. 3:15-cv-00847

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Dave Hill  
2769 Bauer Road  
North Aurora, IL 60542

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: **Craig Cunningham**

Craig Cunningham  
5543 Edmondson Pike ste 248  
Nashville, TN 37211  
615-348-1977

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

KEITH THROCKMORTON

CLERK OF COURT

Date: NOV 12 2015

*Jessie M. Wayman*  
Signature of Clerk or Deputy Clerk

**RETURN COPY**

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Dave Hill  
 was received by me on (date) \_\_\_\_\_

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

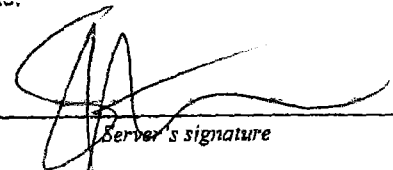
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): Served via US Ps CMRRR

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 12/3/2015

  
 \_\_\_\_\_  
 Maricel Forteza  
 Printed name and title

5543 Edmondson Pike Ste 248  
Nashville, TN 37211  
 Server's address

Additional information regarding attempted service, etc:

**RECEIVED**

DEC 11 2015

U.S. DISTRICT COURT  
 MIDDLE DISTRICT OF TN.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>															
<p>1. Article Addressed to:</p> <p><i>Dave Hill</i>  <i>2769 Bauer Rd</i>  <i>North Aurora, IL 60542</i></p>		<p>B. Received by (Printed Name)  <i>D Hill</i></p> <p>C. Date of Delivery  <i>11-20-15</i></p>															
<p>2. Article Number (Transfer from service label)</p> <p><i>7015 0920 0001 3881 4636</i></p>		<p>D. Is delivery address different from item 1?          If YES, enter delivery address below: <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>															
<p>9590 9403 0659 5183 8634 18</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery (over \$500)	
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>															